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ABSTRACT

This study was conducted in 1988-1989 to examine the current status of drug education in the public schools in Nebraska. The sample consisted of the 215 attendance centers (out of 280 surveyed) which responded to the study questionnaire. This information was sought: (1) the percentage of schools offering drug education as a part of their regular school curriculum, the grade levels of this instruction, and how much time is dedicated to drug education; (2) the extent to which cognitive and other effective components are included in the drug education programs; (3) the extent to which eight psychosocial components of drug education are being applied; (4) goals of drug education programs; (5) how school personnel evaluate the effectiveness of their drug education programs in relation to their program goals; (6) the qualifications and inservice training levels of the instructors currently teaching in drug education; (7) in what ways parents and/or community resources are utilized by public school personnel in drug education programs; (8) what role has the Nebraska Department of Education played in districts that currently offer drug education as part of the school curriculum; (9) what outside resources have school personnel utilized in establishing and maintaining their drug education curricula; (10) how has the recent influx of federal money for drug education affected the status of drug education; and (11) is there a statistically significant difference among the small, medium, and large public school districts in relation to their cognitive, affective, and psychosocial drug education curricular offerings. (Findings and recommendations are included.) (ABL)

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THE STATE OF DRUG EDUCATION IN NEBRASKA PUBLIC SCHOOLS

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THE STATE OF DRUG EDUCATION IN NEBRASKA PUBLIC SCHOOLS

By

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The Status of Drug Education in Nebraska Public Schools

by Thomas Narak

Introduction

Nebraska citizens have always taken pride in the quality of life that they have been privileged to experience. The Nebraska state slogan, "The Good Life," is symbolic of the high regard placed on the quality of life by the citizenry. This high quality of life is being threatened by the problem of drug abuse. Drug abuse is a serious threat to all elements of our society. The quality of life that has taken centuries to develop is being threatened by the chemical dependency of members of its population.

The abuse of drugs poses a threat to the students in our schools. School children are using drugs in epidemic proportions (Girdano & Dusek, 1988). Questions have been raised in recent years about the quality of our educational systems. Many of the academic concerns of the public may be related to the problem of student drug abuse.

In 1971, the Nebraska Unicameral provided legislation for drug education through 79-1270 which mandated that all public schools within the state of Nebraska institute a comprehensive program of drug education. In an effort to examine the current status of drug education in the public schools of Nebraska, a study was conducted during the academic year of 1988-89.

Two hundred and eighty local attendance centers were included in the sample. A total of 215 questionnaires were returned which represented a 76.7% rate of return.

Research questions were established to analyze the status of drug education curricula in Nebraska public schools.

1. In Nebraska public schools:

A. What percentage offer drug education as part of the regular school curriculum?

B. What are the grade levels of drug education instruction?

C. How much instructional time is dedicated to drug education?

Drug education was offered in a majority of the schools included in this study. In 171 schools, drug education was part of the regular school curriculum. This translated to 79.5% of the schools included in this study and 20.5% of the schools in which there was no drug education.

Drug education instruction was offered in all grades (K-12) throughout the study. However, all grades were not necessarily represented at each local attendance center, nor were all grades necesarily included in the drug education curriculum at each local attendance center.

In most schools included in the study, the amount of instructional time dedicated to drug education was between one and ten hours per school year. There were schools in which drug education was not offered at particular grade levels. There was also a minority of schools which offered more than 10 hours of drug education per year.

2. Traditional approaches to drug education include cognitive and effective components. A research question was posed to determine if Nebraska public school personnel were applying the principles involved with each

approach in their schools' drug education curricula.

There were six identified cognitive components of drug education. Five of the six components were taught in a majority of the schools in this study. The teaching of drug awareness was indicated by 95.3% of the school officials included in this study. The only cognitive component which was not being taught in a majority of the schools was the teaching of scare tactics. Only 21.6% of the school officials reported the use of scare tactics in their schools' drug education curricula. The grade level ranges for the six cognitive components were much lower than the results indicated for the schools in general. Drug awareness was the only cognitive component taught in a majority of the grades.

There were eight identified affective components of drug education. All eight components were taught in a majority of the school districts. The teaching of self-esteem and peer pressure were the two components most often taught (93.0%). The lowest reported affective component was the use of role playing (53.2%). The grade level ranges for the eight affective components were lower than the results indicated for the schools in general, but they were higher for the affective components than for the cognitive components.

The traditional principles of drug education were used in a majority of the public school districts in Nebraska.

3. Are recent psychosocial approaches being applied in drug education programs in Nebraska public schools?

There were eight identified psychosocial components of drug education. Six of the eight were taught in a majority of the school districts. Goal setting was the most often taught psychosocial component (74.3%). The two psychosocial components which were not taught in a majority of the schools were self improvement and relaxation.

The psychosocial component percentages of involvement for the schools were lower than the cognitive and effective components. The grade level ranges were also lower than the results indicated for the schools in general. There were very few grades in which a psychosocial component was taught in a majority of the schools.

Nebraska public school officials were applying the psychosocial approaches in the drug education curricula of their schools, but the percentages were lower than the traditional principles.

4. What are the goals of the drug education programs in Nebraska public schools? There were six goals reported by a majority of the school districts. They were to:

A. increase the knowledge and awareness about drugs,
B. promote healthy lifestyles,
C. present factual information about drugs,
D. inform about the adverse physiological effects of drug use,
E. prevent students from acquiring drug using behaviors, and
F. change student attitudes about drug use.

There were five other goals identified but not listed by a majority of the school officials. The least often cited goal (11.1%) was to invoke fear into the students.

5. How do Nebraska public school personnel evaluate the effectiveness of their drug education programs in relation to their program goals?

The only response that was indicated by a majority (53.2%) of the school officials was the method of using teacher opinions to evaluate the effectiveness of their drug education programs. The least often methods utilized were the more formal methods, such as parent surveys (11.1%), follow up studies (9.9%), and faculty questionnaires (7.6%).

Most Nebraska school officials did not evaluate the effectiveness of their drug education programs.

6. What are the qualifications and inservice training levels of the instructors currently teaching drug education in the public schools of Nebraska?

There were two types of drug education instructors in Nebraska public schools. The majority of the school officials utilized the regular classroom teacher as the provider of drug education instruction. The percentages for the use of regular classroom teachers as drug education instructors were within the range of 64.2% for kindergarten to 80.6% in sixth grade. The use of regular classroom teachers as drug education instructors was within the range of 64.2% to 80.6% for all grades K-12. The school officials who reported the use of drug education specialists were in the minority. The percentages of school officials that reported the use of drug education specialists were within the range of 10.1% for kindergarten to 34.0% in sixth grade. The use of drug education specialists was within the range of 10.1% to 34.0% for all grades K-12.

In order to be a drug education teacher in Nebraska public schools, the minimum qualification was to be a regular classroom teacher.

The top three levels of training expertise were similar for both the regular classroom teachers and the drug education specialists. Workshop participation was the most often cited training method by 76.0% of the regular classroom teachers and 46.2% of the drug education specialists. The next two levels were inservice training and health training. The two least often-cited levels of training for both groups were undergraduate and graduate training.

The drug education training for regular classroom teachers and drug education specialists was most often acquired on the job through workshops and inservice training. Inservice training was offered in 70.8% of the schools included in the study. The greatest percentage of the schools in which inservice training was provided offered between 1-3 hours (39.8%) during the 1987/88 school year.

7. How are parents and/or community resources utilized by public school personnel of Nebraska in their drug education programs?

A majority of the school officials that responded did not utilize parents in their drug education curricula. Parents were most often called upon to help with special projects. In 40.4% of the participating schools, parents were utilized in this manner. Many school officials (36.8%) reported using parents as chaperones. Planning, speaking, and reinforcement were the next most often cited responses as ways that parents were utilized. Only 20.5% of the school officials reported the use of parent prevention groups.

The use of community resources was similar to the patterns of use for parents; however, the percentage of school officials utilizing community resources was higher than it was for the use of parents. A majority of the school officials (55.6%) reported the use of community members as resource speakers. Community members were used for help on special projects in 45.6% of the schools. In 26.9% of the schools, community members were utilized as members of a prevention group.

Community members were utilized more frequently than parents, but in both instances there were many school officials that did not utilize either group. The only case in which a majority of the school officials reported the use of a parent/community resource was as community resource speakers (55.6%). All of the other parent/community data were reported by a minority of the school district officials.

8. What role has the Nebraska Department of Education played in the districts that currently offer drug education as part of the school curriculum?

The Nebraska Department of Education had not been a major drug education factor in a majority of the school districts included in this study. Only 41.6% of the school officials reported that the Department had provided them with resources to use in their curricula. Only

4.7% of the school officials reported that the Department provided their school with financial resources for drug education. A very small number of school officials (1.8%) reported that the Nebraska Department of Education had visited their school and provided them with an evaluation of their drug education curricula.

9. What outside resources have the school personnel utilized in establishing and maintaining their drug education curricula?

Several agencies were reported by the school officials as being utilized in their drug education curricula. The Nebraska Highway Patrol, the Nebraska Division on Alcohol and Drug Abuse, and local or regional mental health centers were the resources most often reported. Other agencies reported were hospitals, medical organizations, Parent Resource Institute for Drug Education (PRIDE), and private drug agencies. The resources cited least often were the University of Nebraska-Lincoln (9.4%) and other universities or colleges (7.6%). There were several resource agencies available for school officials to utilize in their drug education curricula; however, none of the resources listed was utilized by a majority of the school officials.

10. How has the recent influx of federal money for drug education into the state of Nebraska affected the status of drug education in Nebraska public schools?

The greatest percentage of school district officials reported that their schools were part of a consortium of schools that applied for the funds through an ESU (36.8%). A sizable number of school officials reported that their schools did not apply for the federal funds (30.4%). None of the school officials reported that their application for the federal funds was rejected.

In the schools where applications for the federal funds were made, the status of their drug education curricula was affected in the following ways: allowed for expansion, 24.6%; allowed for planning between community and school personnel, 17.5%; no significant effect, 16.4%; provided curricular resources, 8.8%; and convinced policy makers that drug education was part of the curriculum, 5.3%.

Approximately one-third of the school officials did not take advantage of the federal funds available for drug education. The status of drug education in Nebraska was not significantly affected one way or the other by the availability of the funds. Expansion of the drug education program was the leading response, with only 24.6% of the school officials responding.

11. Is there a statistically significant difference between the small, medium, and large public school districts of Nebraska in relation to their cognitive, affective, and psychosocial drug education curricular offerings?

An analysis of variance was performed among all three groups for cognitive, affective, and psychosocial responses. There was no significant difference in the teaching of any of these skill areas among the three groups. There was no significant difference in the cognitive, affective and psychosocial curricular offerings based on the size of the school district. All three groups of schools were found not to be significantly different.

Conclusion and Recommendations

An analysis of the research in this study supported the following conclusions and recommendations:

1. Drug education is an important function of the public school. The literature and the data provide support to Nebraska school officials for the inclusion of drug education in the regular curricula of their schools. The Nebraska legislature recognized the importance of drug education in 1971 by enacting statute 79-1270. In 79-1270 the Nebraska legislators mandated the inclusion of a comprehensive program of drug education in all Nebraska public schools. In over 20% of the public

schools in Nebraska, drug education was not offered as part of the regular school curricula. Therefore, Nebraska Statute 79-1270 was not being followed in all Nebraska school districts.

A plan should be developed to enable all school officials to comply with the provision set forth in 79-1270. Minimum standards for a comprehensive drug education program should be included. Each group of local school district officials should be required to develop a comprehensive program designed to meet the needs of the students in the local school district.

Compliance with Nebraska Statute 79-1270 should be monitored by yearly reports and on-site visits.

2. The majority of school officials (79.5%) indicated that they included drug education as part of the regular school curriculum. A detailed study of what was offered showed a great variety of programs. Many of the local programs contained the essential qualities necessary for a comprehensive program of drug education, but many did not. There were some areas in which a lack of understanding of the importance of drug education was indicated by local school officials. A sizable percentage (24.6%) of school officials indicated they had not developed goals for their drug education programs. There was also a high percentage (30.4%) of school officials who indicated they did not capitalize on the federal funds available for drug education through the Nebraska Department of Education. When these findings are added to the 20.5% of the schools in which no drug education program was found, there are numerous pupils in Nebraska who are not receiving appropriate drug education. The lack of awareness of the importance of a comprehensive program of drug education by a significant number of local school officials is evident.

A series of workshops should be provided through a cooperative venture of various education and substance abuse agencies to all public school officials. The workshops should address the importance of the inclusion of drug education into the curricula of Nebraska public schools. Recent research on the importance of drug education should be included as well as a discussion of the research on the qualities necessary for an effective program of drug education.

3. Drug education curricula have been very casually planned in some Nebraska public school districts. Over one-fifth of the school officials reported that their drug education programs were established without any type of goals. This suggests a need for drug education curriculum planning in Nebraska public schools. Multiple resources should be utilized. The resources could include: all of the higher education institutions in Nebraska; Education Service Units; mental health centers; state and national experts in the field; and all local resources available to school district officials. The cooperative planning would assist the local school district officials in the clarification of drug education goals, and this would allow the local school officials to develop the best possible approach to drug education within their school setting.

The research by Botvin (1986) has demonstrated that the most effective programs of drug education incorporate life skills training and psychosocial skills. In Nebraska public schools, the majority of the program goals have centered around the acquisition of cognitive skills. Botvin has explained that the acquisition of cognitive skills has no positive effect upon drug use by students. The goals and objectives of the drug education programs in Nebraska public schools should incorporate the Botvin research. Proper curriculum planning at the local level should address this need.